

Family Care Aged / Disabled

SECTION 1915(c) WAIVER FORMAT

1. The State of Wisconsin requests a Medicaid home and community-based services waiver under the authority of section 1915(c) of the Social Security Act. The administrative authority under which this waiver will be operated is contained in **Appendix A**.

This is a request for a model waiver.

a. _____ Yes

b. X No

If Yes, the State assures that no more than 200 individuals will be served by this waiver at any one time.

This waiver is requested for a period of (check one):

a. X 3 years (initial waiver)

b. 5 years (renewal waiver)

2. This waiver is requested in order to provide home and community-based services to individuals who, but for the provision of such services, would require the following level(s) of care, the cost of which could be reimbursed under the approved Medicaid State plan:

a. X Nursing facility (NF) including NF's that have specialized brain injury units.

b. _____ Intermediate care facility for mentally
retarded or persons with related conditions
(ICF/MR)

c. Hospital

d. NF (served in hospital)

e. ICF / MR

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) of individuals who would be otherwise eligible

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for waiver services:

- a. _____ aged (age 65 and older)
 - b. _____ disabled
 - c. X aged and disabled
 - d. _____ mentally retarded
 - e. _____ developmentally disabled
 - f. _____ mentally retarded and developmentally disabled
 - g. _____ chronically mentally ill
4. A waiver of section 1902(a)(10)(B) of the Act is also requested to impose the following additional targeting restrictions (specify):
- a. _____ Waiver services are limited to the following age groups (specify):
 - b. _____ Waiver services are limited to individuals with the following disease(s) or condition(s) (specify):
 - c. _____ Waiver services are limited to individuals who are mentally retarded or developmentally disabled, who currently reside in general NFs, but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L. 100-203 to require active treatment at the level of an ICF/MR.
 - d. _____ Other criteria. (Specify):
 - e. _____ Not applicable.
5. Except as specified in item 6 below, an individual must meet the Medicaid eligibility criteria set forth in **Appendix C-1** in addition to meeting the targeting criteria in items 2 through 4 of this request.
6. This waiver program includes individuals who are eligible

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under medically needy groups.

a. ☒ Yes

b. ☐ No

7. A waiver of §1902(a)(10)(C)(i)(III) of the Social Security Act has been requested in order to use institutional income and resource rules for the medically needy.

a. ☒ Yes b. ☐ No c. ☐ N/A

8. The State will refuse to offer home and community-based services to any person for whom it can reasonably be expected that the cost of home or community-based services furnished to that individual would exceed the cost of a level of care referred to in item 2 of this request.

a. ☐ Yes

b. ☒ No

9. A waiver of the "statewideness" requirements set forth in section 1902(a)(1) of the Act is requested.

a. ☒ Yes

b. ☐ No

If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify):

<u>City/County/Region</u>	<u>Name of Entity</u>	<u>Type of Entity (e.g., PHP**, Staff model HMO)</u>
<u>Milwaukee County</u>	<u>CMO*</u>	<u>PHP</u>
<u>Fond du Lac County</u>	<u>CMO</u>	<u>PHP</u>
<u>La Crosse County</u>	<u>CMO</u>	<u>PHP</u>
<u>Portage County</u>	<u>CMO</u>	<u>PHP</u>
<u>Richland County</u>	<u>CMO</u>	<u>PHP</u>
<u>Kenosha County</u>	<u>CMO</u>	<u>PHP</u>

*Care Management Organizations

** Prepaid Health Plan

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10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.
11. The State requests that the following home and community-based services, as described and defined in **Appendix B.1** of this request, be included under this waiver:
- a. ☒ Case management (Also know as care management in Wisconsin)
 - b. ☐ Homemaker
 - c. ☐ Home health aide services
 - d. ☒ Personal care services—(known as Supportive home care in Wisconsin)
 - e. ☒ Respite care
 - f. ☒ Adult day health
 - g. ☒ Habilitation
 - ☐ Habilitation
 - ☒ Day habilitation (known as day services in Wisconsin)
 - ☒ Prevocational services
 - ☒ Supported employment services
 - ☐ Educational services
 - ☒ Daily living skills training
 - ☒ Counseling and Therapeutic Resources
 - h. ☒ Environmental accessibility adaptations (known as Home Modifications in WI)
 - i. ☐ Skilled nursing (see extended state plan)

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services)

- j. ☒ Transportation (non-medical)
- k. ☒ Specialized medical equipment and supplies
- l. _____ Chore services
- m. ☒ Personal Emergency Response Systems
- n. _____ Companion services
- o. _____ Private duty nursing
- p. _____ Family training
- q. _____ Attendant care
- r. ☒ Adult Residential Care (known as Residential Services in Wisconsin: Adult Family Home for 1-2 beds and for 3-4 beds, Community-based Residential Facility, and Residential Care Apartment Complex. The services called 'Alternate Living Arrangements' in Wisconsin's existing waivers are included here under item 11r, 'Adult Residential Care' in this waiver.)
- _____ Adult foster care
- _____ Assisted living
- s. _____ Extended State plan services (Check all that apply:
- _____ Physician services
- _____ Home health care services
- _____ Physical therapy services
- _____ Occupational therapy services
- _____ Speech, hearing and language services
- _____ Prescribed drugs
- _____ Other extended state plan services (specify):

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- t. X Other services (specify): Adaptive aids (including cognitive remediation aids), communication aids, home delivered meals and consumer directed supports.
- u. The following services will be provided to individuals with chronic mental illness:
- Day treatment/Partial hospitalization
- Psychosocial rehabilitation
- Clinic services
- Other services for individuals with chronic mental illness:
12. The state assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.
13. An individual written plan of care will be developed by qualified individuals for each individual under this waiver. This plan of care will describe the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services will be furnished pursuant to a written plan of care. The plan of care will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the plan of care. FFP will not be claimed for waiver services which are not included in the individual written plan of care.
14. Waiver services will not be furnished to individuals who are inpatients of a hospital, NF, or ICF/MR.
15. FFP will not be claimed in expenditures for the cost of room and board, with the following exception(s) (Check all that apply):
- a. X When provided as part of respite care in a facility approved by the State that is not a private residence (hospital, NF, ICF-MR, foster home, or community residential facility such as a CBRF or Adult Family Home.)

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- b. X Meals furnished as part of a program of adult day health services.
- c. X When a live-in personal caregiver (~~who is unrelated to the individual receiving care~~ who is not the parent of the minor child or the spouse of the individual receiving care) provides approved waiver services, a portion of the rent and food that may be reasonably attributed to the caregiver who resides in the same household with the waiver recipient. FFP for rent and food for a live-in caregiver is not available if the recipient lives in the caregiver's home, or in a residence that is owned or leased by the provider of Medicaid services. The costs and utilization of the component services bundled under Supportive Home Care will continue to be tracked and computed separately in cost-effectiveness and cost-neutrality calculations. An explanation of the method by which room and board costs are computed is included in **Appendix G-3**.

For purposes of this provision, "board" means 3 meals a day, or any other full nutritional regimen.

16. The Medicaid agency provides the following assurances to HCFA:
- a. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. Those safeguards include:
1. Adequate standards for all types of providers that furnish services under the waiver (see **Appendix B**;
 2. Assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see **Appendix B**). The State assures that these requirements will be met on the date that the services are furnished; and
 3. Assurance that all facilities covered by section

1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

- b. The agency will provide for an evaluation (and periodic reevaluations, at least annually) of the need for a level of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future (one month or less), but for the availability of home and community-based services. The requirements for such evaluations and reevaluations are detailed in **Appendix D**.
- c. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, and is included in the targeting criteria included in items 3 and 4 of this request, the individual or his or her legal representative will be:
 - 1. Informed of any feasible alternatives under the waiver; and
 - 2. Given the choice of either institutional or home and community-based services.
- d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to persons who are not given the choice of home or community-based services as an alternative to institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice, or the provider(s) of their choice.
- e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.
- f. The agency's actual total expenditure for home and community-based and other Medicaid services under the waiver and its claim for FFP in expenditures for

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the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's Medicaid program for these individuals in the institutional setting(s) indicated in item 2 of this request in the absence of the waiver.

- g. Absent the waiver, persons served in the waiver would receive the appropriate type of Medicaid-funded institutional care that they require, as indicated in item 2 of this request.
- h. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the persons served on the waiver. The information will be consistent with a data collection plan designed by HCFA.
- i. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

a. X Yes b. No

17. The State will provide for an independent assessment of its waiver that evaluates the quality of care provided, access to care, and cost-neutrality. The results of the assessment will be submitted to HCFA at least 90 days prior to the expiration of the approved waiver period and cover the first 24 months (new waivers) or 48 months (renewal waivers) of the waiver.

a. Yes b. X No

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18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served on the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures, the State will ensure the quality of services furnished under the waiver and the State plan to waiver persons served on the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.

See Attachment 18. State Quality Strategy

19. An effective date of January 1, 2002 is requested.
20. The State contact person for this request is Charles Jones, who can be reached by telephone at (608)266-0991.
21. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.
- The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

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Signature: _____

Print Name: _____

Title: _____

Date: _____

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0449. The time required to complete this information collection is estimated to average 160 hours for each new and renewed waiver request and an average of 30 hours for each amendment, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: HCFA, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

prepared by mary clarkson 64650

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